DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR
270/271 - HEALTH CARE ELIGIBILITY BENEFIT
INQUIRY AND RESPONSE
VERSION 005010X279A1

September 15, 2011

Version 1

Health Care Eligibility Benefit Inquiry – 270

Introduction:

This Companion Guide governs electronic transmission of eligibility information contained within the ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response (005010X279A1) transactions.

The first section of this companion guide contains a subset of the data content established for the Health Care Eligibility Benefit Inquiry transaction set (270). The 270 transaction is used to transmit health care eligibility benefit inquiries from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.). The 271 transaction is used to respond to Health Care Eligibility benefit inquiry and is contained in the second section of this companion guide.

This guide is not to be used as a substitution for the 270/271 Health Care Eligibility Benefit Inquiry and Response TR3 (Technical Report Type 3). The objective of this document is to clarify what information is needed or provided by Maryland Medicaid where multiple values exist and specific values are required or needs to be defined.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric. Transactions not complying with ASC X12N formatting or data compliance will be rejected prior to response. An ASC X12N 997 or 999 transaction will be used to convey the rejection and may include an associated reason. The Trading Partner will have the choice of receiving either a 997 or 999 acknowledgment transaction. A compliant 270 transactions will not generate an ASC X12N 997 or 999 acknowledgement transaction. ASC X12N 271 response transaction will be returned in response to compliant 270 transaction.

The transaction set should not include any inquiries with a 2000D Dependent level loop. 270 transactions containing 2000D Dependent level loop segments will be rejected. An ASC X12N 997 or 999 transaction will be used to convey the rejection and may include an associated reason.

While the TRN segment is not required in the 270/271 Health Care Eligibility Benefit Inquiry and Response TR3, Maryland Medicaid highly recommends that a TRN segment be included within the 270 transaction to provide tracking capabilities and to assist with any research and analysis regarding a specific inquiry within a submitted 270 transaction.

Note: A 271 response that returns current eligibility does not guarantee claim payment.

A maximum of 99 subscriber loops per transaction can be processed in batch mode. For real-time transactions, one subscriber inquiry per transaction can be submitted.

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene Web site at

http://www.dhmh.state.md.us/hipaa/transandcodesets.html

Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry

LEGEND:
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3			Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			526002033MCPP – Production 526002033MCPT – Test
C.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A Negative 997 will be returned containing the appropriate rejection code when the 270 is rejected due to compliance errors.
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7			Functional Group Header			
C.7		GS02	Application Sender's Code			Agreed upon during trading partner set-up
C.7		GS03	Applications Receiver's Code			MMISELIG
C.8		GS08	Version/Release/Industry Identifier Code			005010X279A1

Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry

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Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63			**Beginning of Hierarchical Transaction**			
64		BHT02	Transaction Set Purpose Code	13		Request
69	2100A		**Information Source Name**			
71		NM108	Entity Identifier Code	FI		Federal Taxpayer's Identification Code
71		NM109				526002033
75	2100B		**Information Receiver**			
77		NM108	Identification Code Qualifier	XX		Indicates NPI
78		NM109	Identification Code		10	NPI
79	2100B		**Information Receiver Additional Information**			**This REF segment with REF01 = 1D and REF02 containing Provider's Medicaid ID may be provided but 2100B NM108 must contain "XX" and NM109 must contain NPI.**
79		REF01	Reference Identification Qualifier	1D		Indicates Medicaid Provider Number
80		REF02	Reference Identification		9	Medicaid Provider Number
92	2100C		**Subscriber Name**			
93		NM103	Name Last			Last name required for Medicaid recipient look up
95		NM108	Identification Code Qualifier	MI		Member Identification Number
96		NM109	Identification Code		11	Recipient's Medicaid ID (either Recipient ID or Social Security Number required)

Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry

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Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
97	2100C		Subscriber Additional Identification			
98		REF01	Reference Identification Qualifier	SY		Social Security Number (either Social Security Number or Recipient ID required)
99		REF02	Reference Identification		9	Recipient's Social Security number
122	2100C		Subscriber Date			
123		DTP02	Date Time Period Format	D8 RD8		D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD **Note:** Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date. It is recommended that submitters utilize the D8 format.
123		DTP03	Date Time Period		8	Date, expressed in Format CCYYMMDD, for which eligibility information is being requested. **Note:** Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date.
124	2110C		Subscriber Eligibility or Benefit Inquiry Information			
125		EQ01	Service Type Code	30		Health Benefit Plan Coverage

Health Care Eligibility Benefit Response – 271

Introduction:

This section of the companion guide contains a subset of the data content established for the Health Care Eligibility Benefit Response (271) transaction. The 271 transaction is used to respond to Health Care Eligibility Benefit Inquiry (270), covered previously within this companion guide.

This guide is not to be used as a substitution for the 270/271 Health Care Eligibility Benefit Inquiry and Response TR3 (Technical Report Type 3). The objective of this document is to clarify what information is needed or provided by Maryland Medicaid where multiple values exist and specific values are required or needs to be defined.

All alpha characters will be in upper case and will be in ASCII format. Leading zeros are not suppressed.

In the event a 270 Inquiry Transaction was rejected, an ASC X12N 997 or 999 transaction will have been used to convey the rejection and may have included an associated reason.

Maryland Medicaid will create and return a unique TRN segment as the last TRN with a TRN01 value of '1':

  – If the original 270 inquiry transaction did not contain a TRN segment,
    The Maryland Medicaid generated TRN segment will be the only TRN segment returned.

  – If the original 270 inquiry transaction contained a single TRN segment,
    The Maryland Medicaid generated TRN segment will be the second TRN segment.

  – If the original 270 inquiry transaction contained two TRN segments,
    The Maryland Medicaid generated TRN segment will be the third TRN segment.

A 270 inquiry may contain multiple eligibility requests. The flexibility of the 270 transaction allows the grouping of multiple requests to be submitted in more than one way. A 271 response will be generated for each ST/SE pair found within a 270 transaction.

Note: A positive 271 response that returns current eligibility does not guarantee claim payment.

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene Web site at

http://www.dhmh.state.md.us/hipaa/transandcodesets.html

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3			Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID			526002033MCPP – Production 526002033MCPT – Test
C.5		ISA07	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.5		ISA08	Interchange Receiver ID			Agreed upon during trading partner set-up
C.6		ISA14	Acknowledgment Requested	0		No Acknowledgement Requested
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7			Functional Group Header			
C.7		GS02	Application Sender's Code			MMISELIG
C.7		GS03	Applications Receiver's Code			Agreed upon during trading partner set-up
C.8		GS08	Version/Release/Industry Identifier Code			005010X279A1

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
215	2000A		Request Validation			2000A AAA Segment Not Supported
218	2100A		Information Source Name			
218		NM101	Entity Identifier Code			Value received on original 270 inquiry
220		NM108	Entity Identifier Code			Value received on original 270 inquiry
220		NM109				Value received on original 270 inquiry
226	2100A		Request Validation			2100A AAA-Code not supported
226		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
227		AAA03	Reject Reason Code	79		Indicates that the Information Source data provided is missing or invalid. Must contain: 526002033 in NM109.
228		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
232	2100B		Information Receiver			
232		NM101	Entity Identifier Code			
233		NM102	Entity Type Qualifier			
233		NM103	Name Last or Organization Name			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction
233		NM104	Name First			
234		NM105	Name Middle			

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
234		NM107	Name Suffix			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction
234		NM108	Identification Code Qualifier			
235		NM109	Identification Code			
236	**2100B**		**Information Receiver Additional Information**			
236		REF01	Reference Identification Qualifier	1D		Value received on original 270 inquiry
237		REF02	Reference Identification		9	Value received on original 270 inquiry
238	**2100B**		**Request Validation**			
238		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
239		AAA03	Reject Reason Code	43		Indicates that the Provider ID(s) received on the 270 were missing or could not be validated against MD Medicaid Data.
239		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
246	**2000C**		**Subscriber Trace Number**			
247		TRN01	Trace Type Code	1 2		1　If this contains the MD Medicaid Generated TRN 2　If this contains a TRN received on the originating 270 transaction being returned on the 271.
248		TRN02			1/30	If TRN01 = 1　　Value echoed from 270 transaction If TRN01 = 2　　Unique TRN generated by MD Medicaid)
248		TRN03			10	If TRN01 = 1　　Value echoed from 270 transaction If TRN01 = 2　　0526002033　(MD Medicaid)

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
249	2100C		Subscriber Name			
250		NM103	Name Last			If Recipient found in Maryland Medicaid Database Then Recipient Last Name on record with MD Medicaid Else Recipient Last Name received on original 270 inquiry
250		NM104	Name First			If Recipient found in Maryland Medicaid Database Then Recipient First Name on record with MD Medicaid Else Recipient First Name received on original 270 inquiry
250		NM105	Name Middle			If Recipient found in Maryland Medicaid Database Then Recipient Middle Initial on record with MD Medicaid Else Recipient Middle Name received on original 270 inquiry
251		NM108	Identification Code Qualifier	MI		Member Identification Number
252		NM109	Identification Code		11	If Recipient found in Maryland Medicaid Database Then Recipient ID on record with MD Medicaid Else Recipient ID received on original 270 inquiry
253	2100C		Subscriber Additional Identification			
254		REF01	Reference Identification Qualifier	SY GH		SY: Social Security Number GH: Identification Card Serial Number
256		REF02	Reference Identification		9 1/2	**SY** Recipient's Social Security number **I**f received on the originating 270 Inquiry transaction. **GH** Duplicate Card Number if replacement card has been issued.
257	2100C		Subscriber Address			
257		N301	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 1 on record with MD Medicaid Else Recipient Address Line 1 received on original 270 Inquiry
258		N302	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 2 on record with MD Medicaid Else Recipient Address Line 2 received on original 270 Inquiry
259	2100C		Subscriber City/State/Zip Code			

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
260		N401	City Name		2/30	If Recipient found in Maryland Medicaid Database Then Recipient City on record with MD Medicaid Else Recipient City received on original 270 Inquiry
260		N402	State		2	If Recipient found in Maryland Medicaid Database Then Recipient State on record with MD Medicaid Else Recipient State received on original 270 Inquiry
260		N403	Postal Code		5	If Recipient found in Maryland Medicaid Database Then Recipient Zip Code on record with MD Medicaid Else Recipient Zip Code on original 270 Inquiry
260		N405	Location Qualifier	CY		County
260		N406	Location Identifier		2	If Recipient found in Maryland Medicaid Database Then Recipient County Code on record with MD Medicaid Else Recipient County Code on original 270 Inquiry
262	**2100C**		**Request Validation**			
262		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
263		AAA03	Reject Reason Code	57 62 63 67 73	2	57 Date of Service were missing or invalid. 62 Date of Service greater than 12 months in the past 63 Date of Service in the future 67 Patient Not Found (using criteria provided) 73 Name Code/Last Name does not match the Name Code/Last Name on record for recipient id received.
264		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
268	**2100C**		**Subscriber Demographic Information**			

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
269		DMG02	Date Time Period		8	If Recipient found in Maryland Medicaid Database Then Recipient Birth Date on record with MD Medicaid Else Recipient Birth Date received on original 270 inquiry
269		DMG03	Gender Code		1	If Recipient found in Maryland Medicaid Database Then Recipient Gender on record with MD Medicaid Else Recipient Gender received on original 270 inquiry
283	**2100C**		**Subscriber Date**			
283		DTP01	Date/Time Qualifier	307		Eligibility
284		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD
284		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
314	**2110C**		**Subscriber Additional Identification**			
315		REF01	Reference Identification Qualifier	1L	2	Group or Policy Number
316		REF02	Reference Identification		9	Policy Number associated with Third Party Liability Insurance Carrier(s).
317	**2110C**		**Subscriber Eligibility/Benefit Date**			**This date segment will provide the eligibility date.**
317		DTP01	Date/Time Qualifier	307		Eligibility
318		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD
318		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
319	**2110C**		**Subscriber Request Validation**			**2110C AAA Segment Not Supported**
329	**2120C**		**Subscriber Benefit Related Entity Name**			
330		NM101	Entity Identifier Code	1P FA PRP		1P Provider FA Facility PRP Primary Payer

Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
331		NM102	Entity Type Qualifier	2		Non-Person Entity
331		NM103	Name Last or Organization Name			If NM101 = 1P Populated with the MCO Name If NM101 = FA Populated with the Facility Name If NM101 = PRP Populated with the Primary Payer Name